

# YOUTH GROUP

## PARTICIPANT INFORMATION FORM

PLEASE PRINT

CHILD'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

FL, 33

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School: \_\_\_\_\_ Grade: 6 7 8

Child E-mail: \_\_\_\_\_ @ \_\_\_\_\_  
(IF AVAILABLE)

Father's Name: \_\_\_\_\_  
(or Primary Guardian)

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ @ \_\_\_\_\_  
(Father) (Mother)

EMERGENCY CONTACT NAME: \_\_\_\_\_  
(other than names listed above)

EMERGENCY CONTACT NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

ANY MEDICAL CONDITIONS:  Yes  No

IF yes, Please explain:

We sometimes use photos of our events (without names) on the Parish website to publicize our activities. Do you have any objections to such use of photos in which your child may appear.

I Approve  I Object

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



